

## **DECLARATION AND POWER OF ATTORNEY**

OCR-842

As below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe that I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled CENTRAL NERVOUS SYSTEM AXON REGENERATION (Yale OCR # 842) the specification of which was filed on 11 February 2000, as a national phase entry under 35 U.S.C. § 371 of PCT/US98/16794, filed internationally on 12 August 1998, and published 25 February 1999 as WO 99/08533.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. To the best of my knowledge, information, and belief the facts stated therein are true.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1. 56.

I hereby claim benefit under Title 35, United States Code § 119(e) of the following United States application listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States applications in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

PCT Application No. PCT/US98/16794, filed 12 August 1998, claiming benefit of U.S. Ap. Serial No. 60/055,268, filed 13 August 1997.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint Mary M. Krinsky, Registration No. 32,423, 79 Trumbull Street, New Haven, CT 06511-3708 (203-773-9544), with full power of substitution, association and revocation, as attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please direct all telephone calls and correspondence to Mary M. Krinsky at the above address and telephone number.

1-00

Full name of the sole inventor:

Inventor's signature

Date:

Residence:

Citizenship:

Post Office Address:

STEPHEN M STRITTMATTER

2/29 , 2000

Clinton, Connecticut

United States

26 Pleasant Valley Road Clinton, Connecticut 06413

CT





## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Verified Statement (Declaration) Claiming Small Entity Status (37 CFR 1.9(f) and 1.27(d) - Non-Profit Organization

Applicants: Stephen M. Strittmatter

Filing Date: August/3, 1997

For: Axon Regeneration by the Prevention of Growth Cone Collapse

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Yale University, Yale Station, New Haven, Connecticut 06520

Type of Organization: University or other institution of higher education.

I hereby declare that the University identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled: Axon Regeneration by the Prevention of Growth Cone Collapse

by inventor Stephen M. Strittmatter, described in the specification enclosed.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization identified above and/or there is an obligation under contract or law by the inventor(s) to convey rights to the nonprofit organization identified above with regard to the invention.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to Small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Date:

August /3, 1997

Name of person signing:

R. Bennett Muskin

Title in Organization:

Licensing Associate, Office of Cooperative Research

Address of person signing:

Yale Office of Cooperative Research

246 Church St., Suite 401 New Haven, CT 06510